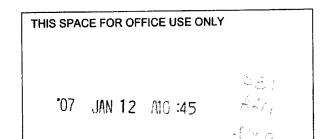


## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

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TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			TELEBUONE	
NAME (Last)	(First)	(Middle)	TELEPHONE	
Slovin	Gary	M.	808-547-5600	
MAILING ADDRESS (Street)			FAX	
1099 Alakea Street, Suite 1800			808-547-5880	
(City)	(State)	(Zip Code)		
Honolulu	н	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Goodsill Anderson Quinn & Stifel			808-547-5600	
MAILING ADDRESS (Street)			FAX	
Same as above.			808-547-5880	
(City)	(State)		(Zip Code)	

PART II ORGANIZATION		TELEBUONE	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
MultiState Associates on b	703-684-1110		
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300	703-684-7912		
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Carrie E. Calvin		703-684-1110	
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300		703-684-0717	
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
☐ Agricultu		Education	☐ Human Services	Science, Technology & Economic Development			
Commun	ications & illitles	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	☐ Tourism & Recreation			
Consume Commerce	er Protection & ce	Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Preserva		Health	<ul> <li>Planning, Land &amp; Water</li> <li>Use Management</li> </ul>	Other: (indicate below)			
Ecology, Environn	Energy nental Protection	☐ Housing	Public Safety & Corrections				
PART IV	CERTIFICATION	OF LOBBYIST	in to the heat of my lenguings	re correct and complete			
I hereby certify that the information full instance above is, to the best of my knowledge, correct and complete.							
	La ha	Mar	. //	3/12			
The state of the s				(Date)			
		Signature of Lobbyist)					
PART V AUTHORIZATION TO LOBBY  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED							
NAME							
Paul W.	/. Hallman President (MultiState Associates Inc.)						
NAME OF C	RGANIZATION (if app	licable)		TELEPHONE			
i .	703-684-1110						
MultiState Associates on behalf of the Alliance of Automobile Manufacturers 703-684-1110							
MAILING A	DDRESS (Street)			FAX			
				703-684-7912			
515 King	Street, Suite 300	)		703-004-7312			
(City	')	(State) (Z		(Zip Code)			
Alexandria, VA 22314							
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
12/29/2006							
(Signature of Authorizing Officer or Person Represented) (Date)							